

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1*		2*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51		/			
2		/		/			52	/		/		
3							53			/		
4		/		/			54	/		/		
5		/		/			55	/		/		
6		/		/			56	/		/		
7		/		/			57	/		/		
8		/		/			58	/	/	/		
9		/		/			59	/	/	/		
10		/		/			60	/	/	/		
11		/		/			61	/	/	/		
12		/		/			62	/	/	/		
13		/		/			63	/	/	/		
14		/		/			64	/	/	/		
15		/		/			65	/	/	/		
16		/		/			66	/	/	/		
17		/		/			67	/	/	/		
18		/		/			68	/	/	/		
19	/	/		/			69	/	/	/		
20		/		/			70	/	/	/		
21		/		/			71	/				
22		/		/			72	/				
23		/		/			73	/				
24		/		/			74	/				
25		/		/			75	/				
26		/		/			76	/				
27	/	/	/	/			77	/				
28		/		/			78	/				
29		/		/			79	/				
30		/		/			80					
31		/		/			81					
32		/		/			82					
33		/		/			83					
34		/		/			84					
35		/		/			85					
36		/		/			86					
37		/		/			87					
38		/		/			88					
39		/		/			89					
40		/		/			90					
41		/		/			91					
42		/		/			92					
43		/		/			93					
44		/		/			94					
45		/		/			95					
46		/		/			96					
47		/		/			97					
48		/		/			98					
49		/		/			99					
50		/		/			100					
TOTAL IND.							TOTAL IND.		15			
TOTAL DEP.							TOTAL DEP.		36			
TOTAL CLAIMS							TOTAL CLAIMS		51			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS